IC 25-34.5

ARTICLE 34.5. RESPIRATORY CARE PRACTITIONERS

IC 25-34.5-1

Chapter 1. Definitions

IC 25-34.5-1-1

Sec. 1. The definitions in this chapter apply throughout this article. *As added by P.L.242-1989, SEC.1.*

IC 25-34.5-1-2a

Note: This version of section effective until 7-1-2001. See also following version of this section, effective 7-1-2001.

Sec. 2. "Applicant" means a person who applies for certification as a respiratory care practitioner under this article. The term does not include a practitioner who applies for renewal of the practitioner's certificate.

As added by P.L.242-1989, SEC.1.

Note: See also following version of this section, effective 7-1-2001.

IC 25-34.5-1-2b

Note: This version of section effective 7-1-2001. See also preceding version of this section, effective until 7-1-2001.

Sec. 2. "Applicant" means a person who applies for licensure as a respiratory care practitioner under this article. The term does not include a practitioner who applies for renewal of the practitioner's license.

As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.1. Note: See also preceding version of this section, effective until

IC 25-34.5-1-2.5

7-1-2001.

Effective 7-1-2001.

- Sec. 2.5. (a) "Assessment" means the evaluation and interpretation of patient data that is the basis for and a prerequisite for making a decision concerning patient care.
- (b) The term does not include making a medical diagnosis. *As added by P.L.60-2000, SEC.2.*

IC 25-34.5-1-3

Sec. 3. "Board" refers to the medical licensing board of Indiana. *As added by P.L.242-1989, SEC.1.*

IC 25-34.5-1-4

Sec. 4. "Committee" refers to the respiratory care committee established under IC 25-34.5-2-1.

As added by P.L.242-1989, SEC.1.

IC 25-34.5-1-4.7

Effective 7-1-2001.

- Sec. 4.7. "Other authorized health care professional" means a licensed health care professional whose scope of practice:
 - (1) includes the respiratory care practice being supervised; and
- (2) authorizes the professional to supervise an individual who is not licensed, certified, or registered as a health care professional. *As added by P.L.60-2000, SEC.3.*

IC 25-34.5-1-5

Sec. 5. "Person" means an individual. *As added by P.L.242-1989, SEC.1.*

IC 25-34.5-1-6a

Note: This version of section effective until 7-1-2001. See also following version of this section, effective 7-1-2001.

- Sec. 6. "Practice of respiratory care" means the allied health specialty designed to aid the supervising physician or osteopath in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The term is limited to the following:
 - (1) Administration of pharmacological, diagnostic, and therapeutic aids related to the implementation of a treatment, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by and under the direct supervision of a physician licensed under IC 25-22.5 as follows:
 - (A) Administration of medical gases (except for the purpose of anesthesia), aerosols, and humidification.
 - (B) Environmental control mechanisms and hyperbaric therapy.
 - (C) Mechanical or physiological ventilatory support.
 - (D) Bronchopulmonary hygiene.
 - (E) Cardiopulmonary resuscitation.
 - (F) Maintenance of the natural airway.
 - (G) Insertion and maintenance of artificial airways.
 - (H) Specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment, and research of pulmonary abnormalities, including measurements of ventilatory volumes, pressures, and flows, collection of specimens of blood and blood gases, expired and inspired gas samples, respiratory secretions, and pulmonary function testing.
 - (I) Utilization of hemodynamic and other related physiologic measurements to assess the status of the cardiopulmonary system.
 - (2) Transcription and implementation of the written or verbal orders of a physician.
 - (3) Observing and monitoring signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether the signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics.
 - (4) Observing and referring based on abnormalities, protocols, or

changes in treatment.

(5) Repairing equipment used in the practice of respiratory care. *As added by P.L.242-1989, SEC.1.*

Note: See also following version of this section, effective 7-1-2001.

IC 25-34.5-1-6b

Note: This version of section effective 7-1-2001. See also preceding version of this section, effective until 7-1-2001.

- Sec. 6. "Practice of respiratory care" means the allied health specialty designed to aid the supervising physician or osteopath in the treatment, management, diagnostic testing, control, and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system. The term includes the following:
 - (1) Administration of pharmacological, diagnostic, and therapeutic aids related to the implementation of a treatment, disease prevention, pulmonary rehabilitation, or diagnostic regimen prescribed by and under the direct supervision of a physician licensed under IC 25-22.5 as follows:
 - (A) Administration of medical gases (except for the purpose of anesthesia), aerosols, and humidification.
 - (B) Environmental control mechanisms and hyperbaric therapy.
 - (C) Mechanical or physiological ventilatory support.
 - (D) Bronchopulmonary hygiene.
 - (E) Cardiopulmonary resuscitation.
 - (F) Maintenance of the natural airway.
 - (G) Insertion and maintenance of artificial airways.
 - (H) Specific diagnostic and testing techniques employed in the medical management of patients to assist in diagnosis, monitoring, treatment, and research of pulmonary abnormalities, including measurements of ventilatory volumes, pressures, and flows, collection of specimens of blood and blood gases, expired and inspired gas samples, respiratory secretions, and pulmonary function testing.
 - (I) Utilization of hemodynamic and other related physiologic measurements to assess the status of the cardiopulmonary system.
 - (2) Transcription and implementation of the written or verbal orders of a physician.
 - (3) Observing and monitoring signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether the signs, symptoms, reactions, behavior, or general response exhibit abnormal characteristics.
 - (4) Observing and referring based on abnormalities, protocols, or changes in treatment.
- (5) Repairing equipment used in the practice of respiratory care. As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.4. Note: See also preceding version of this section, effective until 7-1-2001.

IC 25-34.5-1-7a

Note: This version of section effective until 7-1-2001. See also following version of this section, effective 7-1-2001.

Sec. 7. "Practitioner" means a person certified under this article to engage in the practice of respiratory care.

As added by P.L.242-1989, SEC.1.

Note: See also following version of this section, effective 7-1-2001.

IC 25-34.5-1-7b

Note: This version of section effective 7-1-2001. See also preceding version of this section, effective until 7-1-2001.

Sec. 7. "Practitioner" means a person licensed under this article to engage in the practice of respiratory care.

As added by P.L.242-1989, SEC.1. Amended by P.L.60-2000, SEC.5.

Note: See also preceding version of this section, effective until 7-1-2001.

IC 25-34.5-1-8

Effective 7-1-2001.

- Sec. 8. "Proximate supervision" means a situation in which an individual is:
 - (1) responsible for directing the actions of another individual; and
 - (2) in the facility and is physically close enough to be readily available if needed by the supervised individual.

As added by P.L.60-2000, SEC.6.

IC 25-34.5-1-9

Effective 7-1-2001.

- Sec. 9. "Task" means a respiratory care practice that does not:
 - (1) require specialized knowledge that results from a course of education or training in respiratory care;
 - (2) pose an unreasonable risk of a negative outcome for the patient; and
 - (3) involve assessment or making a decision concerning patient care.

As added by P.L.60-2000, SEC.7.